

FILED

JAN 11 2008

RICHARD W. WIE  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

## COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name WEAVER, WILLIE **CV 08** **0164**  
 (Last) (First) (Initial)

Prisoner Number J-91389

Institutional Address PELICAN BAY STATE PRISON  
P.O. Box 7000 CRESCENT CITY, CA. 95531.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

WILLIE WEAVER  
 (Enter the full name of plaintiff in this action.)

vs.

PELICAN BAY STATE  
PRISON MAIL ROOM  
THIRD WATCH P.S. 4

(Enter the full name of the defendant(s) in this action))

Case No. \_\_\_\_\_  
 (To be provided by the clerk of court)

COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C §§ 1983

[All questions on this complaint form must be answered in order for your action to proceed.]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement P.S. 4

B. Is there a grievance procedure in this institution?

YES (✓) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the

COMPLAINT

- 1 -

1 appeal at each level of review. If you did not pursue a certain level of appeal,  
2 explain why.

3 1. Informal appeal \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

6 2. First formal level \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

9 3. Second formal level \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_

12 4 Third formal level \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_

15 E. Is the last level to which you appealed the highest level of appeal available to  
16 you?

17 YES ( ) NO (X)

18 F. If you did not present your claim for review through the grievance procedure,  
19 explain why. STILL BEING PROCESSED  
20 \_\_\_\_\_  
21 \_\_\_\_\_

22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,  
24 if any.

25 WILLIE WEAVER PELICAN BAY  
26 STATE PRISON P.O. Box 7000  
27 CRESCENT CITY, CA. 95531

28 B. Write the full name of each defendant, his or her official position, and his or her  
PELICAN BAY STATE PRISON MAIL  
ROOM THIRD WATCH P.S.U

COMPLAINT

1 place of employment.

2  
3  
4  
5  
6 III.

7 Statement of Claim

8 State here as briefly as possible the facts of your case. Be sure to describe how each  
9 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
10 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
11 separate numbered paragraph.

12 FOR THREE MONTHS, PLAINTIFF  
13 HAVE NOT BEEN RECEIVING ALL  
14 HIS MAIL, MAGAZINES, THIS IS  
15 CONSPIRACY, HARASSMENT,  
16 DISCRIMINATION, FROM MAIL  
17 ROOM AND THIRD WATCH P.S. 4  
18 CORRECTIONAL OFFICERS PLAINTIFF/S  
19 MISSING LETTERS THAT PEOPLE  
20 HAVE WRITTEN TO HIM, MAGAZINES  
21 PLAINTIFF NOT RECEIVING, ALL OF  
22 LETTERS NOT GOING OUT, DEFENDANT(S)  
23 SHOW DELIBERATE INDIFFERENCE  
24 UNDER THE EIGHT AMENDMENT THAT  
25 CONSTITUTE CRUEL UNUSAL PUNISHMENT

26 IV. Relief

27 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
28 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

COMPLAINT

1 LIABILITY DAMAGES: 20,000  
2 TWENTY THOUSAND DOLLARS DUE TO  
3 CONSPIRACY'S HARRASSMENTS, U.S.  
4 CONSTITUTION VIOLATION,  
5 PUNITIVE DAMAGES: 20,000 TWENTY  
6 THOUSAND DOLLARS DUE TO MENTAL ANGUISH  
7 STRESS DISORDER.

I declare under penalty of perjury that the foregoing is true and correct.

8  
9 Signed this 12 day of 30, 20 07

10  
11 Willip Weaver

12 (Plaintiff's signature)

WILLIE WEAVER  
J-91389 B-2-210  
PELICAN BAY STATE  
PRISON P.O. Box 7000  
CRESCENT CITY, CA.  
95531.

PELICAN BAY STATE PRISON  
5005 Lake Earl Dr  
Crescent City CA 95532



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